



Behavioral Health Integration

Meeting Notes

Tuesday, August 11, 2015

9:00 am-11:30 am

Idaho Department of Health and Welfare
1720 Westgate Drive-Suite A-Room 131

Call-In Number: 1-866-210-1669 Participation Code: 4641842#

In attendance: Ross Edmunds and Dr. Charles Novak, Gina Westcott, Laura Thomas, Matt Wimmer, Greg Dickerson, John Tanner, Dr. Martha Tanner, Russ Duke, Kathie Garrett, Bruce Krosch, Tami Jones, Jess Wojcik, Sarah Woodley, Casey Moyer, Katie Falls (Mercer Group) , Dr. Jeff Berlant, Dr. Winslow Gerrish, Mark Bondason
On phone: Claudia Miewald and Dr. Rhonda Robinson-Beale

Topic	Presenter	Notes
SHIP Updates Workgroup Reports IHC Report: HIT: Clinical/ Quality: -Multi-Payer:	Casey Moyer Matt	<p>Casey Moyer showed the new SHIP website http://ship.idaho.gov/ Additional page in being developed and will be public soon. Behavioral Health Integration is found at the BHI icon.</p> <p>The Health Information Technology (HIT) group is in stage 3 of their timeline to release their RFP for Data Analytics. The group is mindful of multiple potential conflicts of interest; a contractor is writing the RFP. Stage 4 may be delayed to mid-September. (See report in meeting documents.)</p> <p>The 21 item catalog of outcomes for clinical and quality measures will be added to the SHIP website soon. Two of the 21 are BH specific.</p> <p>Matt Wimmer provided an update on Medicaid (see meeting documents). Work now is focused on the second page information – patient complexity payments.</p>
Workgroup Charters:	Katie Falls- Mercer	<p>Katie Falls from Mercer facilitated a lengthy discussion of the draft charter. Several edits, including adding SHIP goals 1 and 2, were made. These additions will require corresponding success measures describing the workgroup’s role and deliverables with events and timelines. An updated draft of the charter will be emailed prior to the September 1 meeting. Additional work on the charter is a major agenda item for that meeting. The charters have an end of calendar year final deadline so need completion by working groups by October 2015.</p>

<p>Mental Health Parity:</p>	<p>Kathi Garrett-NAMI</p>	<p>Kathie Garret provided an overview of integration of behavioral health and physical health, including statistics on morbidity and mortality. She also presented information on parity for insurance coverage of behavioral health with physical health. (See report in meeting documents.) She encouraged this group to keep integration and parity in the forefront of conversations with SHIP groups and leaders.</p>
<p>Other Status Reports Training Program -Quick gains: Training program: -List of regulatory barriers: Progress on Outcome Measures: -Behavioral Health Integration Survey:</p>	<p>Tami Jones Dr. Gerrish Greg Dickerson Gina</p>	<p>Tami Jones shared that she, Dr. Baron and Jerilyn Jones met and discussed a training program. Concept is that 8 topics (specific disorders, such as anxiety, depression, etc) would be single focus of 2 hr 15 minute monthly training for interdisciplinary groups. After information from content specialists, attendees would work in multidisciplinary teams (MDs, counselors and BH specialists, etc.) on a specific vignette and provide comprehensive care plans as outcome of group discussion. No specific model of care would be featured, but rather the topic in general with support to build relationships. Tami will provide a detailed document for the next meeting and this will be major agenda item.</p> <p>Dr. Gerrish supported using the working group charter to measure quick gains. The goal of quick gains was to have some way of noting committee successes.</p> <p>Due to time constraints, Greg Dickerson will provide the update on Regulatory Barriers at the September Meeting. Greg will provide a written document to Gina for distribution prior to the September meeting to help facilitate informed discussion during the meeting.</p> <p>Gina provided an update on the survey being created based on the IPAT. The plan is to serve all 55 patient centered medical homes in September through early November and have a report by December, if possible. A draft of the survey is an agenda item for the September meeting; a copy will be sent in advance of the meeting.</p>
<p>Action Steps/Wrap-Up:</p>	<p>Ross Edmunds</p>	<p>Agenda for next meeting will be in this order: Regulatory Barriers – Greg Dickerson Working Group Charter – Mercer Group Training Program – Tami Jones Survey – Gina</p> <p>A suggestion was made to expand the time to 9 am to noon in light of the amount of agenda items. Ross will find out if room is available for this additional 30 minutes; meeting announcement will confirm timeframe. All presenters are asked to send documents by August 25 for distribution prior to the meeting for others to read in preparation of discussion and decisions.</p>



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Adjournment		Next meeting is scheduled for Tuesday, September 1, 2015, 9:00 am-11:30 am 450 W. State St. 10th Floor Conference Room
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Mission and Vision

The goal of the SHIP is to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

***Goal 1:** Transform primary care practices across the state into patient-centered medical homes (PCMHs).*

***Goal 2:** Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.*

***Goal 3:** Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood.*

***Goal 4:** Improve rural patient access to PCMHs by developing virtual PCMHs.*

***Goal 5:** Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.*

***Goal 6:** Align payment mechanisms across payers to transform payment methodology from volume to value.*

***Goal 7:** Reduce overall healthcare costs*